

2003 State Health Insurance Assistance Program (SHIP)/Senior Patrol Public and Media Activity Form

Instructions: Use one form per activity, which can include in-person presentations, booths/exhibits, or media or internet activities.

What program was this activity for? (Check the appropriate box) ☐ **SHIP** ☐ **Senior Patrol**

SECTION 1 - TYPE OF ACTIVITY (Check only one type of activity)

<input type="checkbox"/> A. Interactive presentation to public (formerly educational event) <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> In-Person <input checked="" type="checkbox"/> Video teleconference or satellite broadcast </div>	<input type="checkbox"/> C. Media/printed outreach <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Radio/television (e.g., public service announcement) <input checked="" type="checkbox"/> Newspaper/newsletter (article/print, public service announcement)* <input checked="" type="checkbox"/> Targeted informational mailing* <u>* Attach Copy</u> </div>
Estimated # of attendees: _____	Estimated # of people potentially reached: _____
<input type="checkbox"/> B. Booth/exhibit at health/senior fair, etc. (formerly outreach event)	<input type="checkbox"/> D. Web-site event <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Web conference/forum/web posting <input checked="" type="checkbox"/> Interactive chatroom <input checked="" type="checkbox"/> E-Mail </div>
Estimated # of people potentially reached: _____	Estimated # of people potentially reached: _____
E. In-kind space provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate value of space provided:\$ _____	Signature: _____ (of person who donated the space)

SECTION 2 - TARGET AUDIENCE (Check all that apply)

- ☐ Medicare beneficiaries and/or pre-enrollees
- ☐ Family members or caregivers of Medicare beneficiaries
- ☐ Professionals (health care providers, senior center directors, social workers, etc.)
- ☐ Underserved populations (minority, low-income, disabled, rural, low-literacy, etc.)
- ☐ Other (please describe): _____

SECTION 3 - SUBJECT AREAS COVERED (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Original/traditional Medicare
<input type="checkbox"/> Dual Eligible, QMB/SLMB
<input type="checkbox"/> Medicare Fraud and Abuse
<input type="checkbox"/> Managed Care/Medicare+Choice
<input type="checkbox"/> Medigap/Medicare Supplements | <input type="checkbox"/> Prescription drug assistance
<input type="checkbox"/> LTC/LTC insurance
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Preventive benefits
<input type="checkbox"/> General SHIP program information
<input type="checkbox"/> Other: _____ |
|---|--|

SECTION 4 - ACTIVITY INFORMATION (Please provide the following information if activity was an interactive in-person presentation, booth/exhibit, or interactive radio/television broadcast.)

Date of activity: ____ / ____ / ____ <div style="margin-left: 40px;">month / day / year</div> If multiple dates: ____ / ____ / ____ through <div style="margin-left: 40px;">____ / ____ / ____</div> Total length of activity: ____ hrs ____ min	Location of activity or group name: _____ City: _____ County: _____ State: _____
Name(s) of Presenter(s): _____ _____ _____ _____	Type of Presenter(s): <input type="checkbox"/> SHIP Staff/coordinator/sponsor <input type="checkbox"/> SHIP Counselor/volunteer <input type="checkbox"/> Senior Patrol Member <input type="checkbox"/> Other: _____

INSTRUCTIONS FOR SHIP PUBLIC AND MEDIA ACTIVITY FORM

Use this revised public and media activity form for all public education and media activities conducted by your SHIP program. Use this form for REACH *as well as* non-REACH events. You no longer need to fill out a separate form for REACH events. Other REACH partners will continue to use a different form. We have combined the REACH and non-REACH forms to reduce the paperwork burden on SHIPs. All necessary data elements for NPR reporting as well as for REACH reporting are covered on this form.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0850. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

SECTION 1- Type of Activity. Please indicate if this is a REACH event.

A. Interactive presentation to public (formerly educational event)

An interactive forum, speaking engagement, or seminar during which substantive knowledge on Medicare or the SHIP program is transferred by oral and visual means from a SHIP presenter to those persons attending the presentation. Includes in-person presentations, video teleconferences or satellite broadcasts. Do NOT include SHIP counselor trainings, which should be reported on the SHIP Resource Report. Estimate the number of attendees by using sign-in sheets or by taking a rough head count of the number of people at the presentation.

B. Booth/exhibit (formerly outreach event)

Any event where general/program information and/or simple printed fact sheets are shared with or distributed to the public. The purpose of SHIP program participation in such events is to inform the public about the availability of SHIP services in their area. For example, some SHIP programs attend health or senior fairs or set up information booths in shopping centers in order to increase that community's awareness of their services and the need for individual counseling. Estimate the number of people potentially reached by using a tick-mark for each person that approaches your booth to take materials and/or speak with a SHIP representative or by counting the number of brochures/materials distributed.

C. Radio Show (not a PSA or ad)

Radio events can be live or taped. Report the date(s) you are aware the event was *originally* aired in Section 2. Estimate the number of people potentially reached for the originally show only such as estimated audience size or potential number of listeners. Indicate, if known, the number of times the show was re-aired.

D. Web-site event

Includes one-time or limited time interactive events sponsored by your SHIP such as web conferences or forums, and interactive ‘chatrooms.’ Visitors to other parts of your web-site should be reported on the SHIP Resource Report. Estimate the number of people potentially reached by estimating the number of visitors to these activities.

E. TV/Cable show (not a PSA or ad)

TV and cable TV shows can be live or taped. Report the date(s) you are aware the event was *originally* aired in Section 2. Estimate the number of people potentially reached for the original show only such as estimated audience size or potential number of viewers. Indicate the number of times, if known, the show was re-aired.

F. Other

Include Public Service Announcements (either mailed, broadcast on the radio, or aired on television); targeted informational mailings; newspaper/newsletter articles. Estimate the number of people potentially reached for the original airing only such as potential number of listeners/viewers, number of pieces mailed or potential number of readers. Indicate the number of times the PSA was re-aired/re-printed/etc.

SECTION 2- Activity Information

Provide date and time of activity (note: for an activity that spans multiple dates, you need only provide the total length of the activity across all dates), the name of the event and location it took place, person(s) to contact for more information, and names and types of presenters at the event. For shows/ads that are re-aired, enter the date of the original show only.

SECTION 3- Topic Focus

Check up to 3 topics that are addressed in the course of the event.

SECTION 4- Target Audience

You may select up to three audience characteristics. However, you must rank them by placing a “1” next to the primary target audience characteristic, a “2” next to the second most important characteristic, and a “3” next to the third most important characteristic.